## Trexler, Bushnell, Giangiorgi, Blackstone & Marr, Ltd. CENTRAL FAX CENTER

RECEIVED

#### COUNSELORS AT LAW

RICHARD R. TREXLER (1906-1905) RICHARD BUSHNELL (1926-2004) RICHARD A. GIANGIORGI RAIFORD A. BLACKSTONE, IR. DAVID J. MARK J.INDA I.. PAI,OMAR JAMES R. FOLEY ROBERT J. DEPKE JAMES A. O'MALLEY

THE CLARK ADAMS BUILDING 105 WEST ADAMS STREET, SUITE 3600 CHICAGO, ILLINOIS 60603-6210 (312) 704-1890

FOUNDED 1898 AN 0 6 2006

PATENT, TRADEMARK, CUI YRIGHT AND RELATED MATTERS: ALL PHASES INCLUDING LICENSING AND LITTGATION

> FAX: (312) 704-8023 www.trexlaw.com

LIGWIS T. STRADMAN, SR. OF COUNSEL

TIMOTHY M. MCCARTHY PAIGE A. KITZINGER

### FACSIMILE TRANSMISSION

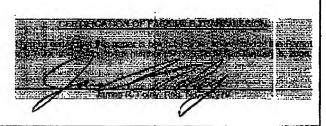
| TOTAL PAGES (Including Cover Page)   | DATE: January 6, 2006                              |
|--|--|
| Commissioner of Patents and Trademarks ΤΟ: <u>Attn.: Examiner Jesse A. Fenty</u> | FROM: Mr. James R. Foley, Reg. No. 39.979          |
| FAX NO: (571) 273-8300   | FAX NO:(312) 704-8023                              |
| If you experience any difficulty with this transmi                               | ission, please call (312) 704-1890 for assistance. |
| ORIGINAL COPY  | AND ENCLOSURES                                     |
| WILL BE SENT BY  | MAIL COURIER                                       |
| WILL N   | NOT BE SENT  |

#### NOTES:

Inventors: Valeriy Sukharev et al. For: Copper-Low-K Dual Damascene Interconect with Improved Reliability

Art Unit: 2815

Serial No.: 10/615,042 Filed: July 8, 2003 Attorney Ref.: 03-0509



### <u>IMPORTANT NOTICE</u>

This transmission (including all attached pages) is intended only for the use of the named addressee(s), and may contain information that is privileged or exempt from disclosure under applicable law. IF YOU ARE NOT A NAMED ADDRESSEE, YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS TRANSMISSION IS STRICTLY PROHIBITED. If you have received this transmission in error, please destroy all copies and notify us immediately at this telephone number: (312) 704-1890.

PAGE 1/10 \* RCVD AT 1/6/2006 5:41:06 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-6/24 \* DNIS:2738300 \* CSID:1 312 704 8023 \* DURATION (mm-ss):03-10

# FROM TREXLER ETAL.

# (FRI) 1. 6'06 16:30/ST. 16:29/NO. 4860347725 P. 2

| In re applicat  | ion of:   | Valeriy Sukh  |                                       | , , = O = 1 4 = 10 |            | CERTIFICATION OF FACSIMILE TRANSMISSION   |                 |                                |                    |                |               |
|---|---|---------------|---------------------------------------|--------------------|------------|---|-----------------|--------------------------------|--------------------|----------------|---------------|
| Serial No.:   |   | 10/615,042    | CE                                    | CENTRAL FAX CENTER |            | I hereby certify that this paper is being facsi nile transmitted to the Patent and Trademark Office to fax number (571) 273-8300 on |                 |                                |                    |                |               |
| Filed:  |   | July 8, 2003  |                                       | JAN 0 6 2006       |            |   | nt and Trademan | <i>x</i> Onæ 10                | AX HIM LOST (57 1) | 273-0300 GN    |               |
| Art Unit:   |   | 2815          |                                       |                    |            |   |                 | James R Foley, Reg. No. 39,979 |                    |                |               |
| For:  |   |               | OW-K DUAL :<br>NECT WITH<br>IY        |                    |            | •   |                 |                                |                    | — <del>-</del> |               |
| MAIL STOP: RESPONSE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450  |   |               |                                       |                    |            |   |                 |                                |                    |                |               |
| Sir.  |   |               |                                       |                    |            |   |                 | : •                            |                    |                |               |
| Transmitted   | herewith is a :   | Response to t | he Office Acti                        | on mailed C        | October    | 6 <b>, 2005</b> .   |                 | ,                              |                    |                |               |
| The filing fe   | e has been cal<br>(Col. 1)  | culated as sh | own below:<br>(Col. 2)                | (Col. 3)           | <b>a</b> 1 | SM  | ALL             | ENTITY                         | ı <b>1</b>         | LA RGE         | ENTITY        |
|   | Claims<br>Remaining<br>After<br>Amendment                                     |               | Highest No.<br>Previously<br>Paid for | Present<br>Extra   |            | Rate  |                 | Addit.<br>Fee                  | <u>OR</u>          | Rate           | Addit.<br>Fee |
| TOTAL   | * 7   | MINUS         | ** 20                                 | 0                  |            | <b>x</b> 9  | ) <del>,-</del> | \$ .00                         | `                  | x 1!! =        | \$ .00        |
| INDEP.  | * 3   | MINUS         | ** 4                                  | 0                  | 1 1        | x 42  | 2 =             | \$ .00                         |                    | x 8-; =        | \$ .00        |
| ☐ FIRST   | PRESENTA  | TION OF MU    | LTIPLE DEP                            | . CLAIM            | ]          | + 13  | 0=              | \$ .00                         |                    | +260=          | \$ .00        |
|   |   |               |                                       |                    | A          | TOT.  |                 | \$ .00                         | <u>OR</u>          | TOTAL          | \$ .00        |
| <ul> <li>If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</li> <li>The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. I of a prior amendment or the number of claims originally filed.</li> </ul> |   |               |                                       |                    |            |   |                 |                                |                    |                |               |
| ☐ Please  | Please charge my Deposit Account No. 12-2252 in the amount of \$ to cover the |               |                                       |                    |            | over the  |                 |                                |                    |                |               |
| filing fee. A duplicate copy of this sheet is enclosed.   |   |               |                                       |                    |            |   |                 |                                |                    |                |               |
| A check in the amount of to cover the filing fee is enclosed.   |   |               |                                       |                    |            |   |                 |                                |                    |                |               |
| The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit  |   |               |                                       |                    |            |   |                 |                                |                    |                |               |
| any overpayment to Deposit Account No. 12-2252.  Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.   |   |               |                                       |                    |            |   |                 |                                |                    |                |               |
| En  |   |               |                                       |                    |            |   |                 |                                |                    |                |               |
| Any patent application processing fees under 37 CFR 1.17  |   |               |                                       |                    |            |   |                 |                                |                    |                |               |
| Dated: _Jai   | nuary 6, 2006   | -             | ,                                     | Fames R. I         | Polev      |   | Ren             | . ×6. <u>39.97</u>             | 9                  |                |               |
|   |   |               | -                                     | Attorney o         |            | d   | C               |                                | -                  |                |               |

### FROM TREXLER ETAL.

FORM PTO-1083

(FRI) 1. 6'06 16:30/ST. 16:29/NO. 4860347725 P

Casc No.<u>03-0509</u>

In re application of:

Valeriy Sukharev et al.

Serial No.:

10/615,042

RECEIVED CENTRAL FAX CENTER

Filed:

July 8, 2003

JAN 0 6 2006

Art Unit:

2815

For:

COPPER-LOW-K DUAL DAMASCENE INTERCONNECT WITH IMPROVED

RELIABILITY

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facs mile transmitted to the Patent and Trademark Office to fax number (571) 273-8300 on January 6, 2006.

MAIL STOP: RESPONSE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response to the Office Action mailed October 6, 2005.

The filing fee has been calculated as shown below:

|        | (Col. 1)                                  |       | (Col. 2)                              | (Col. 3)         |
|--------|---|-------|---------------------------------------|------------------|
|        | Claims<br>Remaining<br>After<br>Amendment |       | Highest No.<br>Previously<br>Paid for | Present<br>Extra |
| TOTAL  | * 7                                       | MINUS | ** 20                                 | 0                |
| INDEP. | * 3                                       | MINUS | ** 4                                  | 0                |

|   | _ | 1 1 | 100 1 | TREGISTING OF MODIFIED DEF. CLAIM |
|---|---|-----|-------|-----------------------------------|
| - |   |     | _     |                                   |
|   |   |     |       |                                   |

| SMALL ENTITY        |                    |  |  |  |
|---------------------|--------------------|--|--|--|
| Rate                | :<br>Addit.<br>Fee |  |  |  |
| x 9 -               | \$ .00             |  |  |  |
| x 42 -              | \$.00              |  |  |  |
| + 130 =             | \$ .00             |  |  |  |
| TOTAL<br>ADDIT, FEE | \$ .00             |  |  |  |

| <u>OR</u> | Rate   | Addit.<br>Fee |
|-----------|--------|---------------|
|           | x 1{ = | \$.00         |
|           | x 84 - | \$ .00        |
|           | + 26)= | \$ .00        |
| OR        | TOTAL. | \$ 00         |

LARGE ENTITY

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Please charge my Deposit Account No. 12-2252 in the amount of \$ filing fee. A duplicate copy of this sheet is enclosed.

to cover the

A check in the amount of\_\_\_ to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2252.

 $\boxtimes$ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.

 $\boxtimes$ Any patent application processing fees under 37 CFR 1.17

Dated: January 6, 2006

ines R. Foley Attorney of Record

TREXLER, BUSHNELL, GIANGIORGI & BLACKSTONE, LTD. ■ 105 W. ADAMS ST. ■ CHICAGO, ILLINOIS 60603 ● (312) 704-1890 PAGE 3/10 \* RCVD AT 1/6/2006 5:41:06 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-6/24 \* DNIS:2738300 \* CSID:1 312 704 8023 \* DURATION (mm-ss):03-10

CENTRAL FAX CENTER

JAN 0 6 2006

PATENT

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Serial No.:   | 10/615,042  | )   |
|---------------|---|---|
| Filed:        | July 8, 2003  | CERTIFICATION OF FACSIMILE TRANS AISSION  |
| Art Unit:     | 2815  | hereby certify that this paper is being facsimile trensmitted to the Patent and Trademark Office to fax number (571)::73-8300 on January 6, 2006. |
| Examiner:     | Jesse A. Fenty  | James R. Foley, Rag. No. 39,979   |
| For:          | COPPER-LOW-K DUAL<br>DAMASCENE<br>INTERCONNECT WITH<br>IMPROVED RELIABILITY |   |
| Inventors:    | Valeriy Sukharev et al.   | Ś   |
| Attorncy Ref: | 03-0509   | )<br>)  |

### RESPONSE TO OFFICE ACTION MAILED OCTOBER 6, 2005

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In the matter of the above-identified application and in response to the Office Action mailed October 6, 2005, kindly enter the following amendments and consider the following; remarks toward reconsideration of the present application.